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POSITIVE SOCIAL SUPPORT NEWSDIGEST

A "BEING ALIVE" PROGRAM

For people who are HIV positive and for those who are supportive

CSUS initiates sexual health internship

by Susan Felman
Assistant Health Educator
CSUS Health Center

Since 1985, the California State University Sacramento Suzanne A. Snively Health Center has offered an internship program called the AIDS Education Project to students who are interested in educating the campus community about AIDS and HIV infection. This internship has accomplished many goals over the past six years, such as several AIDS Awareness Days, a visit from some portions of The Quilt, Neil Flynn's presentations, a photographic essay on "The Faces of AIDS," and numerous talks to classes. In response to current trends and other lifestyle issues of students, CSUS will initiate a new internship program called "Sexual Health" beginning in the fall.

This internship will merge CSUS' AIDS Education Project and its Birth Control Education internship program. Interns will be trained extensively in the area of sexual health, which will include such topics as AIDS, HIV infection, birth control methods, safer sex, sexually transmitted diseases, and communication skills. The goal of the new internship is outreach and education of the student population.

Although many CSUS students are familiar with basic facts about AIDS and HIV, officials noticed a trend in the type of information that students wanted. Students have asked for more explicit information; for example, how to persuade a partner to use a condom and how to use a dental dam. Students have become more aware of their own risk behaviors and have expressed concern over their choice of birth control methods relating to HIV infection. In looking at these issues, CSUS decided to focus the internship more broadly on sexual health rather than segregating the information into "just birth control" or "just AIDS."

Health Center staff are concerned about providing accurate, clear and current HIV information to students and campus community. By creating this new internship program in sexual health, we feel that we will be looking at this topic from a health education viewpoint rather than separate, unrelated topics.

The new year-long internship is open to all CSUS students. Applications will be accepted through May 1991. Call 278-6059 or 278-6665 for more information. The Health Center also offers an HIV testing program for students. Call 278-6461 for more information on that program.

Stan Hadden honored for AIDS contributions

PSSN joins friends and colleagues throughout the country in thanking Stan Hadden for his exemplary and untiring AIDS advocacy efforts. Stan serves on the *PSSN* Editorial Board and writes our "Politics and AIDS" column. For this issue, he also compiled a series of affirmations and summarized several articles.

The acknowledgements of Stan's contributions include a reception in Sacramento's Senator Hotel Lobby on May 8. Co-sponsored by Members of the California Legislature and the Sacramento AIDS Foundation, the event honors Stan "for his far-reaching work in the fight against AIDS, in helping persons with AIDS and AIDS organizations, and in the development of vital AIDS-related legislation." His work also was cited in a major article in The Sacramento Bee in April.

Stan, Special Advisor to the Senate President Pro Tempore David Roberti, was appointed to the California AIDS Advisory Committee, and the AIDS Advisory Committees of the California Department of Mental Health, and Department of Education.

A Board member for the UC Davis Medical Center Community Advisory Board, the Center for AIDS Research, Education and Services, and the Sacramento AIDS Foundation (for eight years), Stan is the Legislative Chair for the River City Democratic Club and serves on the United Way Government Relations Committee.

His honors include the California Associate of AIDS Agencies 1991 President's Award for Outstanding Work on Behalf of AIDS Service Providers, the American Association of Physicians for Human Rights Annual Achievement Award (1989), Sacramento AIDS Foundation's "Hand-to-Hand" Award (1987), ARC/AIDS Vigil Award for Statewide Contribution to People with AIDS, and State Senate Resolution for Outstanding Achievements for Involvement with AIDS, the Sacramento Human Rights/Fair Housing Commission "Human Rights for Excellence as a Humanitarian" (1985) and an Air Force Commendation Medal, 93rd Combat Support Group, Castle Air Force Base (1978).

Sincere thanks, Stan...

Services available to AIDS Foundation clients

by Sonya Cox

Last October, the Sacramento AIDS Foundation (SAF) responded to severe budget cuts by reducing staff by half.

"Now that the reorganization is complete and new systems are in place," says Beth Maerten, responsible for the Foundation's Hand-to-Hand Department," calls from clients dropped off sharply after the budget cuts, apparently because some think we have nothing left to offer them. It's important that we get out the message that important services are still available to our clients."

Under the budget cuts, two major differences exist between the previous services and those now offered. First, the agency's ability to provide "case management" has been significantly curtailed. Previously, the agency tracked a client's needs and automatically provided services as required. Now client's must initiate contact through the newly-established walk-in hours (1-3pm each day). And instead of an assigned case worker, the client will see whoever is available the day of the visit.

A second major change required that the word "client" be redefined. People who are HIV positive can no longer be provided case management services. "Now only people with an ARC or AIDS diagnosis may receive services through the Hand-to-Hand Department," says Maerten. "However, other services (such as the "Healthy Living Series, access to literature such as *HIV from A to Z* and information brochures, the Heart to Heart Program) are available to everyone."

The Department is meeting the community's needs from the lost programs through new volunteer efforts, and through visiting claims representatives from the local Society Security office.

Listed are many of the services currently available:

Walk-in hours

Each day from 1-3 pm, a social worker is available to clients on a first-come, first-served basis. The social worker will assess your needs and provide information about and referrals to financial, legal, medical, housing, food, substance abuse, mental health, and support services through the community.

Crisis intervention

If you find yourself in emotional distress, or faced with a crisis in medical care, housing, food or another difficult situation, social workers are available to assist you during our walk-in hours. In case you are not physically able to come into our office, you may also call us at 448-AIDS.

Home health care

For eligible clients who are ill and in need of home health attendants, SAF may be able to arrange this service. Contact a social worker if you are in need of this service. (Availability of funds may vary.)

Support volunteers

Trained Hand-to-Hand support volunteers are available to provide both practical and emotional support for up to six hours each week on an on-going basis. This support can involve tasks such as assistance with transportation, grocery shopping, or household maintenance. These volunteers are knowledgeable, sensitive people who provide moral support or listen when you just need to talk. Contact a social worker if you are interested in this service.

Benefits volunteers

Beginning in February trained Hand-to-Hand volunteers have been available to assist people who are ready to fill out forms required to apply for SSI, SSA, MediCal and other benefits programs. Contact a social worker who can schedule an appointment for you.

Social Security appointments

By special arrangement with the local Social Security office, claims representatives are available at the SAF office to meet with our clients who are applying for benefits. At the time of this printing, this service is a trial project, contact a social worker to verify that this service is still available and to schedule an appointment.

Continued on page 11

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Editorial Policy:

* The Editors reserve the right to refuse any submitted material for any reason.
* Submitted materials may be edited for length and clarity.
* PSSN reserves the right to refuse sexually explicit ads. Ads will run for three consecutive issues, unless cancellation is requested prior to publication of third issue. All ads must be resubmitted after each three-issue run.
* Editorial policy is subject to change at the discretion of the Editorial Board.

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personal perspective...

How could God let this happen?

by Sonya Cox

Since your HIV diagnosis, or that of a friend of loved one, you may be experiencing many fears about the virus and what it may do as it develops. You may also wonder if the God you've always believed in has abandoned us in this crisis. The following excerpts from *When Bad Things Happen to Good People, by Rabbi Harold Kushner, may give* you a different slant on this issue.

Kushner says that when bad things happen, people often wonder where God is. How do I cope? Will I lose my friends, my job, etc.?

Bad things do not happen to us as a punishment from God for our "sins." They are not tests for us. Do you think that God wants you to suffer? Of course not! God loves us unconditionally just as we are. His love is a free gift; it's not something we have to earn.

God does not cause our misfortune. Kushner says if we can understand the concept that there are some things that God cannot control, we can better understand how He is on the side of the poor, the widowed, the orphaned, and is on our side in helping us to deal with this disease. God is also angry at this unfairness.

Can it be that God set creation into motion and then left things to happen as they may? That creation is still going on? Perhaps God too is limited by the laws of nature, by the evolution of human nature, and by our moral freedom. God is not responsible for illness, accidents, and natural disasters. Your diagnosis is a consequence merely of being human and mortal.

Pain is the price we pay for being alive. The best thing we can do is to try to rise above the question, "Why did it happen? and begin to ask "What do I do now that it has happened?"

If you are angry, don't be angry at God, at yourself, or at other people. Be angry at the situation. It's OK to see it as something rotten, unfair, and totally undeserved. Shout about it! Cry over it! You may feel jealous of people who don't have the virus. Remember, however, that everyone has wounds and scars of their own. God does not send us the problems. but God does give us the strength to cope with them. He will give you the perseverance to live with your diagnosis. God has given us two great abilities: the ability to forgive, and the ability to love. These abilities help us live more meaningfully in this less-than-perfect world.

Forgive yourself, forgive whoever may have transmitted the virus to you, forgive those who've abandoned you in this crisis because they can't deal with your diagnosis. Love yourself enough to find out how to deal with this disease. Ask enough questions to know where some of the answers are, and where the emotional, spiritual, physical, and medical support is that you will need over the coming years. Educate yourself enough to know that this is a manageable illness that need not be fatal if you intercede as soon as possible. Learn that there are people and agencies in the community to get you through this, and that you are not alone. Please reach out.

And remember as you embark upon your journey that God will be always with you, sometimes walking side by side with you as you fight the battle ahead, sometimes carrying you over the rough spots when the road is not smooth. Remember that He made you just as you are because He loves you. He's given you the intelligence to overcome the obstacles that you will encounter on your way. And He'll give you the perseverance to live with an AIDS diagnosis, and the strength to love yourself for who you are. Because you're special.

PSSN staffing opportunities

Writers
with AIDS knowledge

Computer layout

Compilation
of the "Resource Guide"

Distribution
at restaurants, bookstores, and bars

Mailing
envelope stuffing copies to be mailed

To find out how you can help please call PSSN 916-442-0185

HIV/AIDS statistics*
January 1, 1981-March 1, 1991

	National	California	County
Total cases	167,803	33,351	600
Deaths	106,361	22,020	418
PWAs	61,442	11,331	182

* Sacramento County AIDS Unit

DEADLINE
FOR THE JULY/AUGUST
PSSN IS JUNE 12, 1991
Send copy to
PSSN
Lambda Community Center
Box 163654
Sacramento, CA 95816

calendar...

"Medical Aspects of Early Treatment"
Myke Pratt, PA-C
Wednesday, May 8, 7-9pm
CARES, 2710 Capitol Avenue, Sacramento.
"An Update: The Goals and Components of Early HIV Intervention and Treatment(s)," "Understanding and Interpreting Your Blood Test Results," "What's a Beta-Microglobulin and T-Helper Ratio, Anyway," "What's New in HIV Drug Treatments."

"Being Mr. Right"
Wednesday, May 22, 7-10pm
Lambda Community Center.
An experimental workshop for all gay men who desire a loving, trusting, nurturing, and exciting relationship with another man. Facilitator Kate McKenzie will help examine ways to increase feelings of self-love and self-worth. Kate believes that the greatest barriers to communicating with one another are self-judgment and limiting beliefs about our bodies and our sexuality. For details, call Franklin at the Lambda Community Center, 442-0185.

"AIDS Awareness Day 1991"
Activities will be organized by the AIDS Survivors of Nevada County, Sunday, June 23, Nevada City's Minter's Foundry. Informational afternoon program, exhibits, speakers, inspirational evening concert. For more information, call 916-265-2199.

Traveling with an immune deficiency

by K. Orton Williams
reprinted from the Sentinel

Many PWAs intend to visit parts of the world they only dreamed of before diagnosis, places which are invariably exotic, comparatively inaccessible and medical unsophisticated. Even with adequate finances and good hotels, such visits pose additional health risks for immunocompromised individuals, but PWAs particularly are seldom rich and may have to travel on half a shoestring, which can increase those risks.

Although by definition risks are just that and can never be entirely eliminated, with a little foresight and a few simple precautions, they can be minimized. The first decision to make is an important one: one about which you should try to be completely honest with yourself. Do you feel healthy enough to go and deal with whatever problems might arise? If the answer is yes, the following may be of use. Much of it is common sense, so if I state the obvious, I ask your forbearance.

Each year up to 30 million Americans are at risk of contracting travelers' diarrhea (also known as Turista, Montezuma's Revenge and Delhi Belly -- depending on where you are going) is a temporary ailment caused by the microorganisms found in contaminated food or water -- often these contaminated by fecal material. These organisms include many viruses and bacteria such as *Escherichia coli, Salmonella* and *Shigella.* In addition to frequent bowel evacuations, symptoms include abdominal cramps, nausea, bloating, fever and feeling lousy. The World Health Organization reports that this "is now a widespread phenomenon affecting 20 to 50 percent of all travelers."

Some travelers start a course of doxycycline as a preventative before their trip. However, Dr. Fran Taylor of the San Francisco Department of Public Health's Bureau of Communicable Diseases does not recommend this for immunocompromised people. "Doxycycline will eliminate *E. coli*," she says, "but it won't stop diarrhea caused by viruses. And by eliminating normal intestinal flora, it may possibly increase susceptibility to *Salmonella* and *Shigella*." The best preventative for anyone, immunocompromised or not, and especially if you are, remains "Don't drink the water." At least, not without treating it.

Fluids

To purify local water yourself, add five drops of two percent tincture of iodine to clear water. For cloudy water, strain it first through a clean cloth, then add ten drops of two percent iodine tinocture. Alternatively, and less trouble, buy an iodine or chlorine preparation for treating water before you leave the U.S. and follow the instructions. International brand names of bottled mineral waters are pure in theory, but once off the beaten track, you can't rely on finding them, and may not want to pay the asking price if you can.

Local purified water is not always reliable. Dr. Taylor is not impressed with purified water, however fancy the label on the bottle. If it is not carbonated (which you can tell when you open it)," she says, "there is always the possibility that the bottle has been refilled in the hotel or somewhere else." Canned or bottled carbonated sodas and mixers, Coke, Sprite, root beer and a host of others, plus local beer and wine, can be considered safe and can be used in a pinch to clean your teeth as well as to drink.

Taking a small, portable, electric coffee percolator with you on your trip is probably the simplest and cheapest answer to this problem; it boils water viciously for several minutes during its cycle and makes a first-class cup of coffee in the morning. Check each hotel room to see that an electric point is available. But if you take a percolator with you (or any electrical appliance), also remember to find out in advance what voltage is in use -- the whole world does not use 120 volts. And remember: ice cubes may have been made out of contaminated water, salads and fruit may have been washed in it, too. Avoid these.

Do not swim or even wade in stagnant water, pools, ponds, slow moving rivers, swimming holes, etc. Apart from a battery of nasties that you can catch by inadvertently swallowing polluted water, larvae of creatures such as the parasitic roundworm *Schistosoma* may be waiting to penetrate your exposed skin and take up residence within.

Food

In general, avoid salads, uncooked vegetables and unpasteurized milk or milk products, including cheese. Choose food carefully. Stick to what is freshly cooked and still hot. Peel fruit yourself. Don't eat undercooked meat, poultry, fish or shellfish. Apart from the risk of traveler's diarrhea, it may be contaminated with parasites such as *Cryptosporidium* and *Isospora* which can produce the chronic diarrhea that many PWAs must endure in the absence of effective treatment. *Toxoplasma gondii,* which may give rise to Tosoplasmosis (a serious disease of the central nervous system) in immune suppressed people, flatworms, roundworms and goodness knows what else besides. Remember that sushi, steak tartare and oysters are uncooked (sob sob!)

Quite often, guide books caution against buying any food cooked at roadside stalls. This is often sound advice but stalls, barbecues or open air kitchens may be the only places to eat, and frequently serve a more authentic local cuisine, if that is what you want, rather than tourist hotels. If you eat at stalls, pick those where you can select what goes on the grill and watch it cook while you wait. Then, if you still feel it needs further cooking, let the cook know -- there are ways of doing it without provoking an international incident. Prior knowledge of local custom will aid your choice of food and drink. In Jamaica for instance, "jerk pork" is cooked for up to 24 hours in an underground or earth oven on dry, aromatic allspice branches. In Fiji, Samoa and many Pacific Islands, chicken and pork may be cooked to much the same way. In addition to its novelty for visitors, the earth oven is probably one of the most effective food sterilizers in use.

For good advice, go to Helena Handbasket

Dear Reader,

This issue of PSSN showcases the premier of my divine new column, "Go to Helena." As I begin my maiden voyage upon the sea of advice-giving, I look forward with (need I say it) wild anticipation, to your letters and questions. My goal is to assist you, dear reader, in charting your course in affairs of the heart (and including other portions of the anatomy), in negotiating the shoals of safer sex, in fielding questions regarding social etiquette, sexual etiquette, and indeed, any subject you deem important. And may I say (in all frankness) that no subject is too delicate, or too obscure, for Miss Helena to address.

So, when you are tempest-tossed on a sea of confusion, don't pull into just any port, but remember for good advice -- go to Helena Handbasket!

Ever yours,
(Miss) Helena Handbasket

Since this is, after all, my first column (and I refuse to resort to the ruse of writing myself letters to answer) I thought I might perhaps write a general interest piece about "Safer Sex."

Everyone knows about safe sex, right? But you know, Miss Helena still hears a fair number of questions and uncertainties about the whole "safe sex thang;" so perhaps we should just go over a few of the finer points. First of all, know that safer sex exists: it is not just some abstract concept. The absolute bottom line is that you want to avoid the exchange of body fluids, specifically: blood, semen, vaginal fluids, and breast milk. With that in mind, you have the basic information necessary to make almost any possible sexual activity safe.

Let's talk latex -- a latex condom, used properly, is a great barrier against HIV. Truly fabulous. Forget that sheepskin stuff -- its just not up to the same standard as good quality American or Japanese manufactured latex. Only you've got to remember: no oil base lube -- water-base only. Do not confuse water-base (good) with water-soluable (bad -- may contain oil). And remember, oil causes latex to begin disintegrating within 60 seconds of contact. And my dears, with any luck at all you will need more than 55 seconds of protection...

Yes: KY, Astroglide, ForePlay, Prepair, Surgilube, water-base vaginal jellies, Gynol II, and the like.

No: Crisco, Vaseline, mineral oil, baby oil, butter, hand lotion, vegetable oil, olive oil, motor oil ... you get the picture.

Experiment with different brands of condoms and lube to find the ones you like best. Some people like the extra protection of lube with nonoxynol-9 (a spermicide, shown to kill the virus in the test tube). Other people, however, find they are allergic to the nonoxynol and are upset when they break out in a rash (potentially dangerous because, after all, a rash involves broken skin) or when their nail varnish begins peeling off (such a bore, given the price of a good manicure).

Continued on page 11

Challenges facing women with HIV

by Denice J.D. Benson, MFCC
and Catherine Maier, MA

In the United States, the medical and psychosocial need of women with HIV disease remain largely unclarified. This is particularly true in urban regions where the incidence of HIV infection is high, but the prevalence among women is low. The absence of common social group identification, of visibility in the larger HIV community, and of research and service delivery focusing on women's specific needs compounds the isolation, denial, and ultimately the premature death these women face. The psychosocial responses of women with HIV disease and the appropriate clinical interventions for them must be seen in the context of these broader social and environmental issues.

The invisible woman

Women proportionately represent the fastest growing segment of people with AIDS in the U.S. This increase has included women who have had sexual contact with bisexual or intravenous (I.V.) drug using men, as well as women who have been I.V. drug users themselves. At the same time, women remain undereducated about HIV risk, testing, and treatment. Many are unaware of their own risks and of their HIV antibody status, and are vulnerable to misdiagnosis by medical practitioners who remain ignorant of the clinical manifestations of HIV disease in women, which can include vaginal infections, pelvic inflammatory disease (PID), and cervical dysplasia.

The diverse needs of women with HIV disease remain largely uninvestigated. An unfortunate outcome of this discriminatory process, beyond the obvious ramifications for individuals, is that the medical picture and psychosocial needs of women with HIV disease remain unstudied and unrecognized.

Psychosocial aspects of women's lives

There is no single socioeconomic or psychological profile that describes all women affected with AIDS. Case experience, however, suggests that women with HIV disease are predominantly poor, and that a disproportionate number are women of color. These women are accustomed to discriminatory treatment and therefore do not readily seek or trust service providers in a system they perceive as hostile and punitive. In the end, HIV disease is one more challenge for these women; basic needs usually take priority over HIV prevention and treatment. These factors lead women to come to the attention of care providers later in disease processes of all kinds, including HIV-related ones.

There are an increasing number of women who, prior to their HIV infections, were not struggling to meet basic needs. With the introduction of HIV disease, however, these women wrestle with their fears of becoming not only stigmatized, but also economically and physically dependent upon their families or the social service and public health care systems should they become ill. Their anticipated or realized loss of economic independence or loss of status as a caretaker raises fears of abandonment, of becoming the person in need of care. They wonder, "Will anybody -- my partner, my family, my doctor -- be there for me?"

For women with HIV disease, in particular, issues of isolation, trust, and empowerment continue to be central, regardless of their class or cultural backgrounds, or alcohol- or other drug-abuse histories.

The biggest challenge in counseling HIV infected women -- often isolated and expecting second-class treatment -- is first to find them and then to gain their trust.

- FOCUS: A Guide to AIDS Research and Counseling

Support grows for women with AIDS

AIDS this year is expected to become the fifth leading killer of women between the ages of 15 and 44, federal researchers said.

And while females account for only 9.7 percent of the 158,287 AIDS cases nationwide, the disease is increasing among women at a faster rate than men, and heterosexual contact is a leading cause of infection, records show.

New cases of AIDS in women increased by 29 percent during 1988, compared with an 18 percent rise for men for that period.

But when women do become ill, they must wrestle with a health-care system and support network designed initially for homosexual men, the first victims of the fatal disease.

Women no longer are being ignored. Last month the West Hollywood center, Being Alive, ACT UP Women and AIDS Project Los Angeles joined to create a counseling group, designed for women infected with the AIDS virus.

Women are less likely to seek testing and early treatment, and they have fewer places to turn for help. AIDS in women is more likely to escape detection than in men.

Cultural attitudes also play a role for women faced with the AIDS virus. Hispanic women often do not learn they have AIDS until well into the disease, and, as a result, they tend to die sooner than other patients after learning of the diagnosis, according to a study by UCLA and Pomona Valley Mental Health Center. They often fail to recognize or respond to their deteriorating health.

- Los Angeles Daily News

Infected pregnant women to get AZT

NEW ORLEANS, LA - AP -- A handful of pregnant New Orleans women infected with the AIDS virus will join a national test soon to learn whether the anti-AIDS drug AZT can protect their babies.

Soon five women from Charity Hospital's prenatal clinic may be enrolled in the study which should begin as early as the 14th week of pregnancy and continue until six weeks after they give birth.

Babies may be infected before or during birth, and there have been cases of infection through breast-feeding.

Nearly 3,000 cases of pediatric AIDS nationwide have been reported to the Federal Centers for Disease Control since 1981. The median survival time between diagnosis and death is slightly more than three years, but drops to six months for babies in whom AIDS is diagnosed before they are a year old.

About 30 women will be enrolled in New Orleans and in Miami, Houston and Newark, NJ.

The numbers are small because researchers want to see how safe the drug is in a few people before expanding the study to as many as 750 women in these and other cities.

To gauge the drug's effectiveness, half the women will get AZT, and the rest will receive a placebo.

The study will be limited to women who have been exposed to the AIDS virus but have not yet developed the disease.

AZT is known to cause vaginal tumors, and anemia, a blood disorder that could be especially dangerous for a fetus. These dangers and the possibility of fetal damage had led the federal government to exclude women from AZT trials before this product.

To minimize the chances of birth defects enrollment is delayed until the 14th week of pregnancy because most basic fetal development has occurred by then. Regular checkups including ultrasound monitoring, are part of this procedure.

- The Sentinel

Women targeted for HIV trials

by Sari Staver
AMN Correspondent

SAN FRANCISCO - Federal officials are pledging to devote more resources to study HIV infection in women, the fastest-growing group of Americans being diagnosed with AIDS.

According to federal statistics, about 15,000 U.S. women have been diagnosed with AIDS, half of them in the past two years. Women now constitute 12% of all AIDS patients, up from 6% in 1984; HIV-infected women are expected to continue to increase in both number and proportion of caseload.

A Centers for Disease Control spokesman says CDC has now established a "spectrum-of-disease project" to study unanswered therapeutic questions pertaining to women, including any possible link between HIV and various gynecologic conditions.

The AIDS Clinical Trials Group, or ACTG, recently set up a women's health committee to increase the enrollment of women in trials. The panel also will strive to ensure that relevant gynecologic evaluations are conducted, increase knowledge about the safety and efficacy of therapeutics in women, and gauge optimal treatment of infected pregnant women. Specifically the National Institute of Allergy and Infectious Diseases will this summer initiate a large study of the natural history of HIV in women, hoping to answer questions about whether gynecologic opportunistic infections have prognostic value about progression of disease.

At the first national conference on women and HIV infection in Washington, D.C. last winter, the issue of changing the definition of AIDS to include gynecologic conditions drew the most vocal testimony.

- American Medical News

New trials for two experimental drugs

by Sari Staver

The federal government has launched the first head-to-head comparison of the experimental AIDS drugs ddI and ddC.

The new two-year direct comparison of the two drugs' safety and effectiveness will be conducted at 18 sites in 14 cites.

Researchers hope that the new program will help HIV clinicians answer one of the biggest questions they face -- when AZT fails, which drug should be tried next?

The trial is part of the federal government's Community Programs for Clinical Research on AIDS. The National Institute of Health set up the program a year ago to boost participation in AIDS clinical trials by HIV-infected people previously underrepresented in such studies, including women, minorities and intravenous drug users.

A number of HIV clinicians welcomed the new trial, including oncologist Donald Abrams, MD, director of the San Francisco County-Community Consortium, one of the study groups. He called it "the perfect study" for community providers because the question of which drug is better "is what would come next" in clinical practice.

The consortium, which represents several hundred San Francisco-area HIV care providers, is backing accelerated federal review of ddI and ddC. "If ddI and ddC are destined to be approved, why not sooner rather than later?" he asked.

Bristol Myers-Squibb spokeswoman Susan Yarin said her company plans to file its NDA early in 1991. "It is in everyone's best interest to get (ddI) through as quickly as possible," she said of the petition.

Hoffman-LaRoche spokesman Paul Ostreicher, PhD said his company hopes to file its NDA this year, though it "probably will not be able to meet the deadline (in the petition). But that is something we have made known all along."

- American Medical News

AIDS clinical trials information available

A computer-based service is available for those needing current information on federally and privately sponsored clinical trials of AIDS-related drugs and biologics. The AIDS Clinical Trials Information Service is accessible through a Public Health Service toll-free telephone line at 800-TRIALS-A. It is available Monday through Friday 9am-7pm, EST.

For more information on this service, see the FDA Drug Bulletin, April 1990, or contact FDA's AIDS Coordination Staff at 301-443-0104. The address for the service is Box 6421, Rockville, MD 20850.

FAACTS: Alternative treatment information available

by John S. James

A new volunteer group, assisted by specialists in computerized searching of medical and scientific literature, is providing information from journal articles and abstracts to AIDS libraries, activist organizations, clinics, and others interested in treatment alternatives.

FAACTS (Facts on Alternative AIDS Compounds & Treatments) has currently assembled a total of 750 pages of information, on 16 topics. The treatments currently covered are astragalus, Carrisyn, DHEA, DNCB, glycyrrhizin, DTC (Imuthiol), IL-2, Isoprinosine, levamisole, NAC, passive immunotherapy, peptide T, AL 721 and blue-green algae (both treatments covered in one packet together), THA, and transfer factor. Each of the 15 packets contain 25 to 45 pages of information, including five or more selected journal articles, plus additional abstracts.

For information on how to obtain the individual packets, or the complete set (in two binders) plus updates as available, call Peter Morelend, FAACTS, 415-548-9654, or write to 5337 College Avenue, Suite 517, Oakland, CA 94618.

- AIDS Treatment News

Syphilis treatment seen needing reevaluation in era of AIDS

Penicillin therapy is now questionable in HIV-infected individuals and novel approaches should be evaluated.

Treatment of syphilis with penicillin has been so effective that, during the 1960s and 1970s, cases of neurologic complications of the disease were almost unknown in the U.S. This situation has changed in the past decade, according to Dr. Daniel M. Musher, Professor of Medicine at the Baylor College of Medicine, Houston, and Chief of Infectious Diseases at the Houston VA Hospital.

In untreated syphilis, the infection progresses from a localized primary lesion to disseminated secondary state, prior to entering latency. In about 50% of the secondary cases, the central nervous system is involved. Even with treatment, about 5% of the cases progress to the third stage which indicates that an intact immune system probably holds the infection in check.

The advent of penicillin therapy brought dramatic control of syphilis and essentially eliminated neurosyphilis. In most instances, the patients with neurosyphilis have been exposed to the AIDS virus.

In immunodeficient patients, that control is unavailable and neurosyphilis occurs. He recommends that the cerebrospinal fluid, at least in AIDS patients, be routinely screened for evidence of syphilis and that, at the very least, a series of the three injections of long-acting penicillin be used.

- Infectious Diseases Society of America (IDSA Journal)

ddC: Developer speeds FDA application

by John S. James

Hoffman-LaRoche, the developer of the anti-HIV drug ddC, has arranged with the U.S. Food and Drug Administration to submit its New Drug Application (NDA) for that drug in sections as they are ready, for stepwise review by the FDA, instead of the usual procedure of waiting until the whole NDA is finished. The company estimates that the submission process should be completed by midyear. In addition, Hoffman-La Roche will seek marketing approval for ddC in combination with AZT.

There are still concerns about how much if any of the data from the major controlled trials now ongoing can be used in the current evaluation of ddC (and also ddI). Some experts fear that using the data being generated by these trials, before the trials have ended, might bias the studies or even lead to their discontinuation. The existing studies are automatically reviewed anyway, by a Data Safety Monitoring Board (DSMB); however, the DSMB operates secretly, even from the FDA, and it only looks for extreme differences between the study drugs, differences which would make it unethical to continue the study. For drug approval, the question is not whether the new drug is very different from an already-approved therapy, or even whether the two are equivalent; instead, the key question is whether the new drug has efficacy and value as a treatment. We are concerned that ddC (and ddI) may be evaluated without considering all of the important existing data. We do not know how this complex issue will be resolved.

- AIDS Treatment News

Thymopentin: Promising immunomodulator

by Denny Smith

Thymopentin, also known as TP-5, is a synthesized derivative of thymopoietin, a naturally occurring hormone responsible for inducing T-cell precursors to differentiate and mature. A study at the Istituto di Patologia Medica in Bari, Italy, reported thymopentin-related increases in T-4 cells and some improvement in symptoms for 21 people. Two studies of thymopentin published at the Sixth International Conference on AIDS pointed to stabilization of T-helper counts and p24 antigenemia in asymptomatic and mildly symptomatic patients during treatment with thymopentin. One of the studies was too small to see differences in disease progression. In the larger study, none of the treated patients progressed to symptoms, compared to four of the placebo patients who did progress. No side effects were attributed to thymopentin (Abstracts #S.B.484 and S.B.485).

Recruits are being sought for a trial of thymopentin combined with AZT. The number for more information is 415-923-0555.

- AIDS Treatment News

An intense search...

Researchers are concentrating on drugs to treat opportunistic infections and cancers in PWAs. Included in this search are "anti-infectives" which act directly against an infection, "immunomodulators" to boost the body's own immune system, and "antineoplastics" to act directly against cancers. The most prevalent infections and cancers and their treatments include: (1) pneumocystis carinii pneumonia (PCP), a severe lung infection which was previously found in nearly all PWAs at some time during the course of the disease; the advent of drugs such as pentamidine and bactrim are drastically altering its prevalence; (2) candidiasis, a fungal infection of the mouth and esophagus, responds well to Ketoconazole and Fluconazole; the latter drug also helps control cryptoccocal meningitis, a fungus that enters through the lungs but lands in the membrane covering the brain and spinal cord; it can also affect the central nervous system, bone marrow, liver, kidneys, blood, and lymph nodes; (3) Kaposi's sarcoma (KS), a malignant tumor condition; two versions of alpha interferon have been approved for treatment of KS; (4) cytomeglaovirus (CMV) retinitis, an opportunistic viral infection that can cause blindness, pneumonia, and death, is treated with Ganciclovir.

RESOURCE

Support Groups

Antibody Positive Support Group
Membership: People who are HIV-positive, have ARC or AIDS, male and female, straight and gay.
Contact: Donna Robertson (916) 448-2437
Fee: None
Time: 1st and 3rd Wednesday, 7:30 - 9 p.m.
Place: Sierra II, 2791 24th Street
Purpose: Emotional Support

Alternative Treatment/ PWA Info Group
Membership: People who are HIV-positive, have ARC or AIDS
Contact: Sandy Davis, (916) 486-2566
Fee: None
Time: Second Saturday, 2 - 3 p.m.
Place: Sutter General, 2801 L St., Conference room B & C.
Purpose: Provide latest information on medical and alternative treatment, group led by people with HIV. Call for upcoming workshop.

Saturday Support Group
Membership: People who are HIV-positive, have ARC or AIDS, male and female, straight and gay.
Fee: None
Time: 2nd and 4th Saturdays, 1 - 3 p.m.
Place: Sutter General, 2801 L St., Conference room B & C.
Purpose: PWA treatment information exchange and support, group led by people with HIV.

The Positive Group
Membership: HIV + substance abusers and their significant others.
Contact: Brian or Joel, The Effort, (916) 444-6294.
Fee: None
Time: Thursdays, 1:30 - 3:30 p.m.
Place: 1820 J Street
Purpose: Education and emotional support.

AIDS/ARC/HIV+ North Hall AA Group
Open to everyone with a desire to stop drinking.
Time: Sundays, 4 p.m.
Place: MCC, 2741 34th Street near Broadway

Brother to Brother
Membership: Gay African-American HIV+ mens Support Group. Dealing with HIV, ARC, or AIDS? Tired of not being counted?
Contact: Joe Hawkins, Project Survival, (916) 454-0516.
Fee: None
Time: Mondays, 7 pm
Place: Call for location
Purpose: Emotional and social support. Strictly confidential.

Grupo Para Latinos
Infectados y afectados con La virus HIV, Latinos de Habla Hispana o Bilingues - Facilitado por Patricia Osuna LCSW.
Contacto (916) 448-2437.
Fee: None
Tiempo alas 6 p.m.
Lugan, SAF, 1900 K St., Ste 200.

Woman to Woman
Membership: Women of color who are HIV +, ARC or AIDS. Child care and transportation available.
Contact: Betty Baker, Project Survival, (916) 454-0516
Fee: None
Time: Mondays, 5-7pm
Place: 3501 Broadway
Purpose: Emotional and social support.

Women's Support Group
Membership: HIV + women.
Contact: Donna Robertson, Sacramento AIDS Foundation, (916) 448-2437.
Fee: None
Time: 6:30 - 8:30p.m. Tuesdays
Place: Sacramento AIDS Foundation, 1900 K Street, 2nd floor.
Purpose: Education and emotional support.

Let's Talk Peer Group (Queers with Fears)
Membership: Gay/Bisexual men only
Time: 2nd and 4th Wednesdays, 7 - 8:30 p.m.
Fee: None
Place: CARES Clinic, 2710 Capitol Avenue

Women's Support Group
Purpose: One on one counseling for HIV + women
Contact: Judi Marcelle, Mercy General Hospital Social Services, (916) 453-4589.
Fee: Free
Place: 4001 J Street

Support Services

Sacramento AIDS Foundation
Provides AIDS Education, Client Service, Community outreach and maintains a Volunteer Speakers Bureau. Hand to Hand Emotional and Practical Support volunteers available to clients diagnosed ARC/AIDS. 1900 K St., Ste 200, Monday thru Friday, 9 a.m. to 5 p.m., (916) 448-2437.

Del Oro Regional Resource Center
Membership: Brain impaired adults
Contact: Connie Gerber
Information and referral contractual service for legal and financial advising, counseling, respite care, and referral to support groups.
3625 Mission Avenue, suite 300, Carmichael 95608, (916) 971-0893.

CARES Clinic
Provide counseling, early intervention/ medical attention to HIV+ individuals. 2710 Capitol Ave, Monday thru Friday, 9 a.m. to 5 p.m., (916) 443-3299. Fee for service.

AIDS Survivors of Nevada County, Inc. (ASNC)
Membership: All HIV+ persons in Western Nevada County, since 1989.
Support group meets every Tuesday, 7 p.m. care-giver referral, HIV resource library, speakers bureau, social events. Professionally facilitated. (916) 265-2199.

Lambda Community Center
Information and resources to help the individual with HIV. 1931 L Street, Monday thru Friday, 10 a.m. to 6 p.m. (916) 442-0185, Info line: (916) 447-5755.

Being Alive "Living Room"
Drop-in social time for people living with HIV at the Lambda Community Center every Thursday from 2 to 5 p.m. 1931 L St, for more info call (916) 442-0185.

Sacramento Aid to AIDS
Joe Garrett, P.O. Box 255773, Sacramento, CA. 95865, (916) 929-3417.

W.C.I.C. (Women's Civic Improvement Club) - Project Survival
Minority issues and AIDS.
3501 Broadway, (916) 4254-0516.
Contact: Nadine L. Roberts or Joe Hawkins

The Effort
IVDU treatment program, AIDS education, counseling and confidential testing. 1820 J Street, (916) 444-6294.

Hospice Care of Sacramento, Inc.
Providing services to persons coping with a terminal illness and their families. 2007 O Street, Ste 100, (916) 443-0398.
Fee: None

Planned Parenthood of Sacramento Valley
AIDS Education to youth detention, homeless shelters and classrooms.
1507 21st St., Ste 301-A, (916) 446-0930.
Fee: None

Alcoholic Anonymous
2425 Alhambra Blvd., Sacramento
(916) 454-1100

Narcotic Anonymous
P.O. Box 162416, Sacramento, CA 95816
Fee: None
(916) 486-0465.

Placer County AIDS Foundation
12183 Locksley Lane, Auburn, CA 95603
Support services for those dealing with HIV in Placer County and surrounding areas.
Call 916-889-AIDS (889-2437)

Legal

Sacramento AIDS Legal Referral Panel
Contact: June Black or Ellen Juarez, (916) 444-6760.
Fee: Reasonable or no fees for AIDS-related matters.
Place: 515 12th Street.
(Must state that you were referred by the Sacramento AIDS Foundation)

Medical Clinics

AIDS Related Disorders Clinic (ARDC)
University of California, Davis, Medical Center, Primary Care Building.
Provides medical care to people with HIV disease.
2315 Stockton Blvd., Sacramento. (916) 734-7194.

AIDS Research Office
UCDMC. (916) 734-8282.

CARES
Provide medical evaluation, personal counseling, health education and referrals for HIV positive people.
Fee for service
2710 Capitol Avenue, Sacramento. (916) 443-3299.

HIV Clinic
Offers medical care for individuals who need a general work-up related to HIV infection.
Fee: None
1500 C Street, Sacramento. (916) 440-5302.

Infectious Disease Unit
University of California, Davis, Medical Center, (916) 734-3741.

County AZT Program
No AZT free.
2921 Stockton Blvd., Sacramento. (916) 732-3770.

HIV Antibody Testing

Capitol Health Center
1500 C Street.
Call for information and appointments for free, anonymous test on Wednesday/Thursday, 4:30 - 5 p.m. (916) 440-7720.

The Effort
1820 J Street.
Call for information and appointment for free, anonymous test on Tuesday and Thursday evenings. (916) 446-6467, call after 3 p.m.

California State University, Sacramento, Health Center
6000 J Street. Call for information and free, anonymous test for students, facalty and staff. (916) 278-6461.

Chemical Dependency Center for Women
1507 21st Street. HIV testing for Intraveneous drugs user's and their partners. Confidential testing Thursdays, 3:30 p.m. to 5 p.m. (916) 448-2951.

Hispanic AIDS Community Educational Resources
7000 Franklin Blvd., Ste 210. HIV antibody testing with bilingual counselors available Tuesday evenings from 5 - 7 p.m. Call (916) 392-7815 or (916) 734-8282.

Spiritual Groups

MCC People Together
Membership: People who are HIV +, ARC or AIDS, or other catastrophic illnesses and those who love and support.
Contact: Sandy or PJ, (916) 454-4762.
Fee: None

G U I D E

Time: Tuesdays, 7:30 to 9 p.m.
Place: RCMCC Activity Center, 2741 34th Street
Purpose: Social and spiritual support group sponsored by the River City Metropolitan Community Church. Everyone Welcome.

SUFI Healing Arts (MTO)
Membership: People who are HIV +, ARC or AIDS.
Contact: Linda O'Riordan, R.N., (916) 487-0323.
Fee: Donation requested.
Time/Place: Call for current time and location.
Purpose: SUFI healing, concentration and meditation classes.

Healing Alternatives
Affirmatiions, visualization, discussion and structured exercises in support of healing and health.
Fridays at 8 p.m.
St. Francis Chapel, 26th Street between K and L.
Call Steve, (916) 682-4737.

Suicide Prevention
Volunteers available 24 hours to help individuals through times of crisis. TTD capabilities for the hearing impaired.
Emergency: (916) 368-3111, office: (916) 368-3118.

Transformational Energetics
Workshops on transformation and healing primarily focused on deep healing issues for people with HIV and other life-threatening illnesses
Contact: Michael Dulling, MD 916-422-1234
Fee: Negotiable

Support Group for Significant Others

Support Group for Partners, Family and Friends
Membership: Partners, family and friends of someone who has HIV/AIDS, and those grieving over the death of a loved one.
Contact: Sharon Hartley, L.C.S.W., and Charla Wistos, (916) 454-1655.
Fee: None
Time/Place: Call.
Purpose: Emotional support.

HIV-AIDS Family Support Group
Membership: Parents and adult siblings of people who hasve died of AIDS.
Contact, Todd VanLandingham, Lutheran Church of Our Redeemer, (916) 483-5691 or (916) 456-9642.
Fee: None
Time: 7 - 8:30 p.m.
Place: Luther Church of Our Redeemer, 4641 Marconi Ave
Purpose: Emotional support with a christian spiritual emphasis.

Hemophiliac Support Groups
Male Support Group
Membership: Hemophiliac and blood transfusion men with HIV.
Contact: Vicki Burdur, Bi-Valley Medical Clinic, (916) 442-4985.
Fee: None
Time: Every Tuesday, 9 a.m.
Place: 2100 Capitol Ave.
Purpose: Education and emotional support.

Parents Support Group
Membership: Parents of adults and children with hemophilia.
Fee: None
Time: 3rd Thursday, 7 - 8:30 p.m.
Place: 2100 Capitol Ave.
Purpose: Education and emotional support.

For Mothers Only
Membership: Mother's Peer Support Group
Contact: Peggy Zarembo, 447-5075
Fee: None, Time: Tues. 1:30 pm at SAF
Purpose: Support for mothers of people with HIV, ARC, and AIDS and mothers who have lost sons and daughters to AIDS.

Political

Lobby for Individual Freedom & Equality (LIFE)
Statewide AIDS lobbying group representing seventy gay, lesbian and AIDS organizations.
926 J Street, suite 1020, (916) 444-0424.

Lambda Letters Project
Organizes letter writing campaigns expressing community opinions on women's issue, gay & lesbian rights and AIDS issues. The group also offers letter writing assistance to people who would like to express their viewpoints.
(916) 965-6851.

AIDS Action League
Offers housing assistance to people with AIDS. Organizes projects which directly benefit people with AIDS and provides educational information.
Fee: Negotiable
2612 J Street, Ste. 6, Sacramento, (916) 448-4027.

Food

A Touch of Sabbatt
A monthly delivery of homemade chicken soup and challah (bread) the last Friday of each month for people with AIDS or Arc. For more information call (916) 921-1313 or (916) 482-1432.
Free food closets...

Products

Sunergy - Herb Food Concentrates
Sunrider nutritional products and philosophy formulated after the ancient Chinese tradition of nourishing the body with whole foods and the proper combination of herb foods. Local distributor: Gina Milbourn, (916) 991-0860.

Reliable Medical Resources
Quality health care products ranging from personal aids/support equipment, incontinency protections and skin care products. Available at no cost to individuals with Medi-Cal/Medi-Care coverage. Lowest cost to insurance plans and private pay.
(916) 383-6868.

Information

Project Inform
Non-profit information resource group and hotline for alternative and experimental treatment updates including Compound Q, alpha interferon, AZT, aloe vera juice, ribavirin, DNCB, etc.
Hotline (800) 822-7422 or (415) 928-0293.

AIDS Treatment News
Bi-weekly publication that covers up-to-date issues on alternative and holistic therapies. Subscription charge with a reduced rate for people with HIV. Write John James, P.O. Box 411256, San Francisco, CA. 94141.

National AIDS Information Clearing House
Local and national computerized resource listings and informational publications, many available free of charge to people with HIV such as the AMFAR (American Foundation for AIDS Research) Directory of Experimental Treatments,. Call (800) 458-5231 or (212) 719-0033.

BETA (Bulletin of Experimental Treatments for AIDS)
Publication of the San Francisco AIDS Foundation. Educational resource for people reviewing experimental treatments for HIV. Free to San Francisco residents, subscription charge for others. Call (800) FOR-AIDS for sample copy and information.

NIH (National Institute of Health)
Drug Trials Information
Toll-free phone line with information on federally funded clinical trials researching AIDS treatments with information provided by APA MONITOR (American Psychological Association).
1-800-TRIALS-A or 1-800-874-2572

AIDS Library of Philadelphia
32 N. Third Street, Philadelphia, PA 19106, (215) 922-5120.

Northern California AIDS Hotline
1(800) 367-2437.

AIDS Drug Hotline
1(800)334-7422.

U.C. Davis Medical Library (MEDLINE)
(916) 453-3529.

Persons with AIDS (PWA) Hotline
1(800)367-2437 or (415) 861-7309.

Natl Association of People With AIDS
2025 Eye Street, NW., Ste. 415
Washington, D.C., 20006
(202) 429-2856

Mothers of AIDS Patients
P.O. Box 89049, San Diego, CA. 92138
(619) 426-1317

Teen AIDS Hotline
1(800) 234-TEEN

National Library of Medicine
(for subject searches, AIDS LINE)
(301) 496-6095.

The NAMES Project
Educating the world by remembering those who have died of AIDS by creating memorial quilt panels with love.
2362 Market Street, S.F., (415) 863-5511.

Religious Services

River City Metropolitan Community Church
2741 34th Street, (916) 454-4762.
Sunday Worship services: 9 a.m., 11 a.m. and 6 p.m., sunday school during 11 a.m. worship for children 2 to 12. TV Ministry on Channel 47 at 7 p.m.

Newspapers (Available at Lambda Community Center)

the latest ISSUE
"Sacramento's news magazine for the gay community and its friends," P.O. Box 189306, Sacramento, CA. 95816
(916) 737-1088

MGW
First and oldest newspaper for the gay community,1725 L St., Sacramento CA 95814, (916) 441-NEWS

Patlar
"Voice of Gay America,"
P.O. Box 22402, Sacramento 452-0769

BLK
Blk Publishing Company
P.O. Box 83912
Los Angeles, CA. 90038-0912

The Sentinel
"California's Statewide Gay Newsweekly.
Call (415) 861-8431 for subscription information.

Bay Area Reporter (BAR)
Excellent information and news source. 395 Ninth St., S.F., CA. 94103. Available at Tower Books or by subscription.
Call (415) 861-5019 for information.

Workshops

Buddy Connection
Unique fun-filled opportunity to explore exciting ways to be sexual, safe and satisfied.
Fee: None
Call SAF for dates and times
(916) 448-2437

in the news...

How AIDS is changing the face of clinical trials

by Thomas C. Merigan, MD

New treatments or drugs under development for widespread use have traditionally gone through a long, painstaking testing process that, often, can take many years. But the AIDS epidemic may be changing all the rules. With the need for therapies so dire, and the pace of research so accelerated, there is simply no time to go through the traditional avenues. Scientists worldwide are working together to streamline all phases of clinical testing so that we can offer patients the newest, most effective treatments as soon as possible without compromising the necessary research to substantiate the therapies.

Clinical trials of a new treatment usually go through three phases. Phase I trials test the safety of a new treatment, Phase II trials test its efficacy and Phase III trials compare it with standard treatment in a large number of patients selected to be as homogeneous as possible. The protocol is developed before the trial begins and, once it commences, no changes, including entry criteria and end points, occur. For good scientific reasons, clinical trials are designed to be formal and rigid.

Until now, that is. During the past few years, trials of treatments for AIDS have been conducted differently. The changes have been promoted by a partnership of patients, their advocates and clinical investigators in the AIDS Clinical Trials Group, which is sponsored by the National Institute of Allergy and Infectious Diseases. The changes stem from the desire by patients and scientists alike that the most up-to-date clinical care be the control in trials. This concept, developed in cancer therapy, ensures patients of receiving the absolute latest treatment. Medicare and insurance companies should support the costs of the trials since they provide the best available therapy for patients.

For good scientific reasons, clinical trials are designed to be formal and rigid.

And, all patients should have an opportunity to enter trials, even if they have disease complications or are members of a small subgroup.

Federal regulatory agencies are also being affected by the expectations of patients and their advocates. The FDA now reviews AIDS drugs more rapidly, reconsiders negative licensing decisions and permits more widespread distribution of promising AIDS drugs earlier in the evaluation process. These are all complex decisions that are not without risks, but they represent new strategies for dealing with potentially fatal conditions that, most likely, will be applied in other diseases.

These changes are of great benefit to patients, but they must not threaten the critical scientific data that the trials are designed to obtain. An expanded access program was introduced in 1989 in an attempt to make the most up-to-date therapy available to the broadest group of patients. Through the program, patients ineligible for a clinical trial may still have access to the drug or therapy being tested. It is a good policy, but it sometimes creates a conflict with the goal completing a clinical trial as in the case of the drug ddI. If we can still get the drug, patients seemed to reason, why participate in a trial?

Based on such experiences, I don't think a new AIDS drug should be available through the expanded access program until clinical trials are nearly filled. The critical issues are which drugs are selected for expanded access and at what stage in their development they are released. Studies need to be randomized and controlled as well as strictly organized and conducted. The conclusions in one very large trial, for example, were threatened by patients who covertly took the study drug or who dropped out because they knew or believed they were not receiving the active drug.

All this requires the best possible relationships between physician-investigators and their patients and the maintenance of ongoing informed consent as perhaps it has not been defined previously. I predict that this new level of rapport will come to be the standard of care for patients with cancer now expect and receive more information about all aspects of their care.

Given the new kinds of clinical trials and the magnitude of the government's support for them, as well as the large number of drugs currently under development in the laboratory, we should see much progress in the next few years. Then we shall be able to offer patients not just a temporary delay in the development of overt disease, but a prolonged and continued period of truly disease-free survival, which is what they want and what we want for them.

- Stanford Medicine
(excerpted from the New England Journal of Medicine)

National AIDS Update Conference

May 19-22

The 4th National AIDS Update Conference will take place May 19-22 at the San Francisco Civic Auditorium. This program is designed for "health care providers, community-based and HIV/AIDS service organizations, social service providers, mental health care providers, local public health agencies, hospital planning and service providers, elected and non-elected community leaders, state and local government representatives, and individuals with HIV infection."

Sponsors include the American Foundation for AIDS Research (AmFAR), American Medical Association, U.S. Centers for Disease Control, National Association of Persons With AIDS, San Francisco Department of Public Health, U.S. Public Health Service Health Resources and Services Administration, and the University of California San Francisco Institute for Health Policy Studies. The conference is organized into four tracks: Care and Services, Education and Prevention, Policy and Administration, and Treatment.

The registration fee is $195, plus $25 for continuing education credit. Registration for persons with AIDS or ARC is $75. Booths, display tables, book or literature displays, and the conference's film festival for showing videos are available for companies and for non-profit organizations. For information or registration forms, call, fax, or write to AIDS Conference Registrar, c/o KREBS Convention Management Services, 555 DeHaro St., #200, San Francisco, CA 94107-2348, 415-255-1297, or fax 415-255-8496.

Project Inform expands treatment hotline hours

Project Inform has expanded the hours of operation of its national HIV treatment information hotline, which will now be available Monday through Friday, 10am-4pm, and Saturday 10am-1pm (Pacific Time). The hotline is staffed by trained volunteers who can provide accurate, up-to-date information on specific treatments and treatment strategies for all stages of HIV infection, including early intervention.

The hotline numbers are 800-822-7422 (U.S. outside California), 800-334-7422 (California), or 415-558-9051 (San Francisco, or international).

CMV screen can help your sight

Cytomegalovirus (CMV) retinitis is a viral infection of the eye that can seriously affect your sight. People with weakened immune systems are far more likely to get CMV retinitis. Without treatment, CMV retinitis can result in blindness. Early detection and treatment may prevent this from occurring. To obtain more information on self-screening for CMV retinitis, write to: Pro/Health, 1 Lombard Street, 2nd Floor, San Francisco, CA 94111.

HIV in women

HIV-Related Conditions in Women; *Community Research Initiative (Treatment and Research Forum, Vol. 1, No. 2, 1990).*

A review of how HIV disease affects women, in terms of diagnosis, treatment and pregnancy, states that many health care providers fail to consider HIV-related conditions when diagnosis symptoms of disease in women, and that, although women present with gynecological symptoms as early signs of HIV infection, health care providers often do not perform gynecological examinations. It concludes that clinicians must become more familiar with gynecological examinations and that gynecologists must be trained to diagnose and treat HIV infection.

HIV infection may be a factor in a variety of conditions disproportionately or exclusively affecting women. For example, women have a higher incidence of urinary tract infections, breast cancer, and human papilloma virus (HPV), have special problems arising from gonorrhea and chlamydia infection, can die of complications related to pregnancy and of cancers of the reproductive tract, and seem to have more respiratory problems than men.

Women with HIV have more severe episodes of sexually transmitted diseases (STDs) than non-infected women. Women are also prone to developing chronic conditions, such as abdominal abscesses and pelvic inflammatory disease (PID), that do not respond to medication. Repeat episodes of STDs and other infections that are difficult to treat may indicate underlying problems and should lead clinicians to investigate more thoroughly.

Clinicians should regularly screen for a number of gynecological conditions -- including syphilis, chlamydia, herpes, penicillin-resistant gonorrhea, vaginal warts, and HPV -- among women at high risk of HIV infection. Vaginal infection is a sign of lowered resistance to disease and may indicate compromised immunity.

in the news...

by Sonya Cox
MGW HIV Editor

Underground ddC

Are people getting life-threatening pancreatitis and perhaps dying from the "underground version" of ddC being purchased by people with AIDS who are becoming desperate waiting for FDA approval of the true ddC? With what chemicals or other ingredients are these copies being produced? Confusion is now being generated over ddC's side effects, partially because of the different versions of the drug that are around. Pancreatitis is said to NOT be a side effect of the true ddC, yet there are reports of people taking "ddC" who have these side effects, perhaps attributable to buyer's club versions. Until this can be clarified, be careful of what you're taking if it hasn't been given to you by your physician and if you're not being tested consistently and often for possible pancreatitis side effects.

HIV found in gay basher

A married New York truck driver with three children, who says he's been impotent for the past 10 years and has spent the past six of those years beating up gay males, says he's contracted the AIDS virus from the blood of his victims. Although he says he drew substantial blood from them and had cuts on his hands, AIDS experts say there are only about three chances in a thousand to get HIV from a direct accidental needle stick with a syringe containing HIV-infected blood, and that chances of becoming infected from a cut are "substantially less risky" than that. More likely, experts say, he had engaged in unprotected sex or intravenous drug use to which he has not admitted. "Someone this violent and this full of hate is simply not trustworthy, and his word can't be relied upon," said one activist.

Outlook for babies upgraded

London scientists report that the percentage of babies getting HIV from their mothers may be lower than previously thought. They say a study of babies for 18 months showed that only 13 percent born to infected European women became infected. It was previously thought that as many as 30 percent would become positive. The study indicated that the disease is probably passed on in the womb, not during delivery.

Vaccine on the way?

After looking at the research being done on HIV vaccines, the National Institute of Health says it sees "considerable cause of optimism, although many scientific obstacles remain to be overcome." Vaccine researchers are urging a shift in funding toward more vaccine research.

Septra showing greater promise

Researchers at Kaiser Medical Center in Los Angeles said a common antibiotic costing $10/year seems to work as well in preventing HIV-related PCP pneumonia as the government-approved pentamidine, which costs upward of $150/month. They say three doses a week of cotrimoxazole (Septra) has prevented pneumonia in all 116 people tested in a four-year study. Some people are allergic to this sulfa drug, but for those who aren't, it's proving to be a viable defense (as both a preventative and a treatment) against PCP, and apparently without the breakthrough episodes that sometimes occur after extended use of pentamidine.

Changing needs identified

An early report from the Life center in San Francisco, a central information exchange for HIV agencies scheduled to formally open in 1993, has identified growing gaps in care for people with HIV. The reason for the gaps is that not only are there more cases each year, but people are living longer and needing assistance for a longer time because of the promising treatments they're receiving. Tops on their list of urgent issues to be addressed is a better understanding of dementia, which often renders a person unable to perform such basic functions as remembering to file for benefits or pay their bills on time resulting in some of these people living on the streets. These people need volunteers to assist them early on and perhaps eventually supervised living facilities, which at the moment are virtually nonexistent. Other upcoming needs that must be addressed are space for agencies that assist PWAs, adult day care, space for support group meetings, counseling about benefits (including the fact that agencies that provide benefits are heavily overworked and understaffed), special assistance to minorities, more medical care to help alleviate the burden on the few overworked physicians now treating people with HIV, home care and home nursing, more education about treatment choices, and more training and a few hours of respite for exhausted caregivers.

Speedier disability checks

The Social Security Administration has agreed to expedite disability claims made by people with terminal illnesses following a case in which a man with AIDS finally received his first check the week after his burial, 25 months after he'd filed his claim.

Another legal marijuana case

A Florida couple with AIDS recently arrested for using marijuana to relieve their symptoms has been granted a supply of pre-rolled, government-grown pot by government officials in Washington. They are the third and fourth PWAs to receive permission from the federal government to smoke pot, although some glaucoma and cancer patients have also obtained it. The couple says the marijuana is the only thing that alleviates the nausea and vomiting caused by some of their medications.

Fear of AIDS leading to violence?

A 42% increase in anti-gay violence and harassment in San Francisco and five other large U.S. cities is due in part to the fear of AIDS, according to a survey by the National Gay and Lesbian Task Force Policy Institute.

politics and AIDS

by Stan Hadden

Federal officials busy in Washington

Senator Alan Cranston introduced new legislation to limit federal restrictions on abortion and ban discrimination against homosexuals nationwide. The gay rights bill would amend the 1964 Civil Rights Act and add homosexuals to those legally protected from discrimination in employment, housing, public accommodations and federally assisted programs. "Gays and lesbians in many communities repeatedly face discrimination, hostility and prejudice," Cranston said. "Discrimination on the basis of sexual orientation is as wrong as discrimination on sex, religion, race, age, national origin or disability."

The abortion bill would lift restrictions in six federal programs, including Medicaid, federal employee health care, military health care, penal and correctional institution health care, Indian health care and the Peace Corps.

Rep. Gerry Studds (D-Mass) has joined Health Subcommittee chairman Henry Waxman and several colleagues in introducing legislation to expand Medicaid coverage for people with AIDS and those who test positive for HIV. The legislation would allow state Medicaid programs (half-funded with federal funds) to cover certain medical services for low-income HIV-positive individuals who are at imminent risk of opportunistic infections; authorize Medicaid payments to non-profit groups receiving grants under the AIDS Prevention Act of 1990 to provide early intervention services to Medicaid recipients with HIV; authorize $50 million in federal funds for a Medicaid pilot program for residential care facilities serving those with HIV; and encourage such facilities to establish referral arrangements with providers of early intervention services.

The Congressional Caucus for Women's issues is calling for an investigation of drug evaluation policies which exclude women research participants. The group will introduce 22 bills to improve women's health. The proposals would insure women are included in government sponsored clinical research, increase research funding for breast and ovarian cancer, and AIDS in women. Similar efforts are being made at the state level, with legislation introduced by new Assemblymembers Marguerite Archie-Hudson and Barbara Lee. Along with Congressman Henry Waxman (D-Los Angeles), the Women's Caucus has asked the Government Accounting Office, which is the investigative arm of Congress, to investigate the Food and Drug Administration's policies of excluding women from drug company studies related to approval of new drug. ACT UP and other activists have been pushing for broader inclusion of women in drug studies. However, there are critics of a new study to be conducted on volunteers in hospitals in Houston, Newark and Miami, designed to determine whether AZT stops transmission of HIV from mothers to their newborns. Critics contend this will put women and their children at the mercy of a highly toxic drug.

Women are the fastest-growing group of Americans being diagnosed with AIDS. About 15,000 women in the United States have been diagnosed with AIDS, half of them in the past two years.

President's AIDS funding proposal

The federal budget proposed for Fiscal Year 1992 includes $1.9 billion for AIDS, a 3.5% increase over the current year spending. When you consider that inflation has increased by 4.5%, and that there has been a 25% increase in persons with AIDS, overall the President's proposal represents a cut.

AIDS advocates in Washington report that $3 billion is needed for AIDS programs for 1992 -- approximately 60% more than was appropriated for 1991. The first AIDS treatment program approved by Congress, the Ryan White CARES Act has not been fully funded, and an additional $500 million is needed just for that.

In examining the President's budget for areas where money might be shifted, some have suggested looking at the $94 million which Bush proposes as a "down payment" for a mission to Mars for the year 2000.

Budget hearings for the federal agencies which receive AIDS funding began in the Senate Appropriations Committee in mid-March. While additional AIDS funding does not appear to be on the horizon, Congress, swept up in patriotic fervor, has approved a bill authorizing $15 billion to pay for the Gulf War. The package includes $1.1 billion for veteran's benefits over the next five years. Finding new federal AIDS funds will be even more difficult under the budget bill enacted last year, which requires any policy change that result in increased government spending to be offset by an equal amount in increased taxes or spending cuts in other areas.

Contenders lining up for 1992 U.S. Senate race

A dozen contenders will spend $70 million seeking election to two U.S. Senate seats between now and the 1992 election. Conservative Congressman William Dannemeyer, who has built a career opposing gay rights, is challenging the more moderate Republican who currently holds the office, U.S. Senator John Seymour.

Dianne Feinstein developed a donor list of 60,000 during the governor's race, and is expected to be a strong Democratic contender. Congressman Bob Matsui, another Democrat, is expected to be able to tap California's Asians, who now represent 10% of the state's population. The 1990 census shows that California's population is 43% minority.

California GOP tilts right

Conservative and moderate wings of the California Republican party are squaring off, flexing for control as 1992 elections approach. Conservatives laid the groundwork for future fights over tax policy, abortion and gay rights during the recent state Republican convention in Sacramento. The right wing has expressed displeasure with both newly appointed U.S. Senator John Seymour and Governor Wilson, accusing them of being soft on abortion and homosexuals.

Moderate Republicans are concerned that many conservative GOP activists were elected during the convention. The outgoing State Chair warned delegates against single-issue politics such as abortion or gay rights, saying that "a political party which trades only in single issue politics is doomed to failure." Senator Seymour stated that "now is not the time to be tearing people apart, dividing people. Now is the time to bring people together."

Proposed resolutions regarding gay Republican clubs and a GOP affirmation of the "heterosexual ethic" were killed in committee and did not come before delegates for a vote. However, the new state GOP chair Jim Dignan said he wished to have a full discussion of all issues, even it is leads to the party going on record against gay GOP clubs or supporting the "heterosexual ethic" proposed by Congressman Dannemeyer (R-Fullerton). Dannemeyer and Assemblyman Gil Ferguson (R-Newport Beach), who are promoting the anti-gay club effort, will bring their proposals forward again at the September convention.

The debate over including gay Republicans in the statewide party has surfaced several times in recent years. At the convention, Assemblyman Ferguson said "there are former homosexuals. In other words, they can change ... they just prefer to do it together."

Outlook grim for additional state or county AIDS funding

With a $10 billion budget shortfall, it is unlikely that additional state funding for AIDS programs will become available this year. Maybe we need to examine some other programs, and determine whether AIDS should be a higher priority. For example, the Wilson budget includes $7.5 million for plant pest disease prevention, and he is seeking $2 million more.

The 8th Annual Governor's Conference on Tourism took place recently in Sacramento. The impact of the Gulf War and the recession on vacation plans were the main topics. Travel is big business in our state -- during 1989 tourists spent $48.5 billion in California. I wonder when we'll have the First Annual Governor's Conference on AIDS?

With cutbacks at the State level, Sacramento County officials are predicting at least a $27.1 million shortfall in their budget for the new fiscal year which begins July 1st. County supervisors won't adopt a new budget until August, waiting until after the state budget has been enacted. Programs at risk include parks, recreation, animal control and social services.

Los Angeles approves bleach distribution

AIDS prevention among injection drug users in Los Angeles county has been difficult over the last four years, because the conservative Board of Supervisors would not allow distribution of bleach or condoms. In late March, however, with a new liberal majority on the board, a proposals was approved which will give addicts kits containing condoms and bleach to clean their needles. The 3-2 approval followed heated debate, where conservative supervisor Mike Antonovich argued against "subsidizing the drug culture." Kits will be available almost immediately, and will be distributed by seven nonprofit organizations that now provide street counseling to an estimated 125,000 injection drug users. Over 1,320 drug related AIDS cases were reported in Los Angeles County in 1991.

Affirmations

Affirmations are simple, but powerful tools which can help you choose to make changes in your life and focus on healing and health. They are a creative tool which can improve your attitude. Positive affirmations can replace negative and harmful thoughts.

When you find an affirmation you like, or create one of your own, sit quietly and say or write it at least ten times. Affirmations should be positive. They should pertain to you.

I ALLOW OTHERS TO LOVE AND SUPPORT ME.

I SURROUND MYSELF WITH PEOPLE WHO ARE ABOUT ME.

I ACKNOWLEDGE MY PERSONAL POWER.

continued...

Helena *from page 3*

A word to the wise: using two condoms at once (so called "double bagging") is definitely not a good idea, as this increases the likelihood of breakage (because of the greater friction) as well as increasing the odds that the whole affair will slip off. Bad idea.

Do, however, try lots of different brands of condoms: some have more "headroom" (and cute names like "MAXX"), some are tighter fitting and "grip the, ah ...road" so to speak (some guys like a snug fit); some are contoured (they stay on particularly well as they follow -- like Miss Helena's favorite Patou black velvet gown -- anatomical lines); some are thicker and perhaps reduce sensation (great if you come too quickly!), others are thin and have a silky feel ... but you get the idea: experiment! Do it alone (masturbating with a condom is a great way to eroticize the idea of using them -- this is the same principle Pavlov discovered in his experiments with dogs) or enlist a friend's help, but do experiment.

Tip: Remember to put a dab of lube inside the condom before putting it on -- this increases the sensation many-fold, which is good.

A condom is your friend, ally, and protector, so learn to use one properly, and then do. Using a fresh condom every time is a small investment with a large return.

A word to the wise regarding several other sorts of barriers, and places they might be used. The barriers in question are: dental dams, saran wrap (microwave strength), and latex gloves (long or short surgical ones). The activities these barriers are recommended for are perhaps not to everyone's liking, but they are no less healthy than any other sexual a activity if done safely.

Rimming (which is the vernacular for oral/anal contact) may or may not put one at risk for HIV: it is, however, a very good way to transmit a host of other unattractive diseases, including hepatitis, amoebas, and dysentery. Therefore, Miss Helena recommends the use of a dental dam (a roughly 6"x6" square of latex used by the dental profession) or microwave strength saran wrap (in custom sizes and colors, courtesy of Dow Chemical) as protection. Lube the side away from the tongue (and remember not to switch sides by mistake, or you cancel the whole point) and you have the means to make a potentially unsafe activity into a very low risk one. (This technique is equally effective for cunnilingus, i.e. oral/vaginal contact.)

The other activity that puts one at risk for HIV is fisting. Now I realize that a lot of people have a strong (negative) response to the concept of fisting, although I would remind my readers that, properly speaking, any sort of manual penetration of the anus or vagina qualifies as "fisting." Finger fucking is a pretty common practice, and you should know that it poses a potential risk, to both the active and the receptive partner (sores or cuts on the hands and sharp fingernails are the culprits here). The solution is simple -- a latest (surgical) glove (Opera-length for some hardy souls); or for those of us who like to "let our fingers do the walking," a handy and friendly condom. Oh, yes ... and lots of water-base lube.

Two other areas of (potential) confusion: oral sex and kissing.

For a long time oral sex (particularly fellatio) was considered a lower risk activity, especially if your partner didn't come in your mouth. As people have curtailed the behaviors that put them at highest risk (particularly unprotected anal intercourse) certain secondary behaviors have been identified as potential routes of transmission. There are now documented cases of HIV transmission through oral sex. No one is quite sure how great a risk unprotected oral sex poses, but the risk seems greater than we originally thought. This is an area everyone needs to think through for themselves. At the very least, never let anyone come in your mouth, and do not come in theirs. Since HIV is present in pre-come as well, some people have decided to use condoms for oral sex, from start to finish. This is an emotional decision for a lot of us, because it seems like we are being asked to give up still more. Perhaps it would be helpful to remember that learning to swallow come was an acquired taste for many of us, and that learning to enjoy oral sex using a condom might also be achieved via the same route, i.e. practice.

For many people, the peace of mind produced by this change in behavior would be well worth the effort.

As regards French or wet kissing: often people seem still to be unsure about the risk involved in this most pleasurable of activities. Know first of all, that no documented cases of transmission through kissing exist. The risk does indeed seem slight, particularly in the light of the fact that a). saliva has been shown to inhibit the transmission of the virus; and b)saliva seems to contain a very low concentration of HIV. Here again, we have to look at the facts as we know them, make our own decisions, and take responsibility for our behaviors.

Some final words of advice: consider getting tested so that you know your HIV status. If you test positive there are many secondary interventions that can help keep you healthy, and the knowledge may increase your resolve to practice safer sex. This continued resolve is especially important not just in order to protect your partner(s) from infection, but to protect yourself from getting reinfected. If you test negative, you can make it your goal to stay that way, and to avoid relapse into unsafe behaviors. Whatever your HIV status, safe sex practices also help to protect you against other sexually transmitted diseases that can damage the immune system.

Protect yourself and your partner every time you have sex. Practice talking about these issues in a matter-of-fact way, be clear about your limits, and learn to negotiate for what you want. My wish is that we should all resolve to look out for one-another, and each do our part to stop AIDS now.

love, from ...
Helena Handbasket

Services *from page 1*

Emergency funds

For clients whose financial resources have been exhausted, limited funds may be available to assist with basic life services. Contact an SAF social worker to find out if you are eligible for this assistance. (Availability of funds is dependent on donations, and may vary from time to time.)

Mental Health Project

Sometimes it's helpful to talk to a counselor or therapist to work through the difficult issues raised by living with an ARC or AIDS diagnosis. Beginning in February 1991 low cost counseling ($5 per visit) will be available through volunteer therapists who are sensitive to HIV-related concerns. Contact an SAF social worker to make arrangements.

Healthy Living events

Learning new information about HIV disease can be a positive step in living with HIV. Educational programs covering a wide variety of topics are scheduled throughout the year. These programs are open to the entire community (not just SAF clients). Call the SAF office to receive a calendar.

Buddy Connection

A safe-sex workshop for any gay or bisexual man who wants to learn techniques for having fun while remaining safe. Call the SAF office for dates and times.

HIV A-Z

A self-help manual for anyone infected with HIV, this book published by SAF covers a wide range of topics essential to understanding HIV disease and maintaining good health. This manual can be obtained at SAF offices for a suggested donation; call to determine cost and availability.

Support groups

Meeting with other people who have similar needs and concerns can be very helpful in dealing with HIV-related issues. SAF offers a number of support groups:

HIV Positive Support Group: For anyone who is infected with HIV; meets every other week. Contact a SAF social worker for time and location.

Women's Support Group: For woman who is infected with HIV; meets every week. Contact an SAF social worker for time and location.

Grupo Latino: For any Latinos infected with HIV. Meets every other week. Contact an SAF social worker for time and location.

Heart to Heart: for any gay or bisexual men interested in discussing common concerns with other gay or bisexual men. Meets every Tuesday night at 6:30 at the SAF office.

Grief and Bereavement Support Groups: Support group for family and friends of people with ARC or AIDS. focus on grief and bereavement issues. Call SAF for more information.

Mother's Support Group: Support group for mothers of living or deceased sons with AIDS. Meets on Tuesdays at 1 pm at SAF. Call SAF for more information.

An important note: Except where noted above each of these services is available to SAF clients only. To become a client, one must meet with an SAF social worker, and present a doctor's verification of an AIDS or ARC diagnosis.

I RADIATE GOOD HEALTH AND VITALITY.

I EMBRACE AND ACCEPT MY BODY AS IT IS.

I INHALE LOVE. I EXHALE FEAR.

I SURROUND MYSELF WITH LOVING, POSITIVE FRIENDS.

I HAVE THE STRENGTH AND COURAGE I NEED TO DEAL WITH ANY SITUATION.

DIVINE LOVE RADIATES THROUGHOUT EVERY ASPECT OF MY LIFE. IT IS CONSTANTLY HEALING AND HARMONIZING.

classifieds...

Ads encouraging unsafe sex practices, drugs and drinking, or those containing information deemed by the Editors to be of a derogatory or discriminatory nature in terms of race, HIV status, or other similar issue, will be rejected.

32 year old transexual - pre-op looking: HIV+ for a good friend and pen-pal. I'm black, 5'5", 180 lbs. I need a family! Write to me at Box 2000, Vacaville, CA 95696 - C.McKinley - C-16581 L-137L

Does anyone know what happened to Peter Hawley? I met him in San Francisco a few years ago and we corresponded for about a year, but I haven't heard from him in a long time. Anyone who knows please write Warren, Box 866, Commack, NY 11725.

Jazz, new age vocalist seeking to form a duet group with guitarist/pianist to prepare and perform music of hope, peace and love. Call 334-4928.

Handsome young 47 GWM, HIV+, 5'11", 180 lbs., brown/blue, masculine. Enjoy movies, travel, home cooking. Seeking responsible masculine GWM, 25-40 for friendship, good times and possible relationship. Call Wayne, 348-8542.

I have a country twang and I can sang. Can you play the piano? I'm tired of the gay bar. Can you play the guitar? Does your pelvis shake like Elvis? Write to M. CC. 500 N St., #1107, Sacramento, CA 95814.

GWM, HIV+, 30 looks 23, 24, 5'9", 145 lbs., brown/brown healthy. Like to meet young man, blond preferred but others are too. Like movies, animals, sun, home life, exercising and love. No druggies, fems, weirdos, gossippers -- You get the point. Call 448-7445 or write c/o PSSN.

GWM 29 looking for that special someone. I'm 6'2", wt. 210 lbs.with hazel eyes and brown hair. I have short beard and moustache. If your spirit would like to meet my spirit, please call or write 916-448-4782 or Box 161924, Sacramento, CA 95816.

GWM, 29, brown hair, blue eyes, 5'10", 170 lbs. HIV+, healthy, seeking a mature GWM 25-50 who is honest, serious about life, building a lasting relationship. I'm not into heavy drinkers, druggies, queens, or hustlers. I like movies, oldies music, reading, outdoor sports, fishing, camping. Does any of this sound interesting? Write to R.P.M., 8665 Florin Rd., #77, Sacramento, CA 95828.

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Lambda Community Center
Box 189306
Sacramento, CA 95818

The Lambda AIDS Response Teams Wants You!

Are you outgoing? Fun-loving? Do you enjoy talking to other guys? Then the Lambda Community Center AIDS Response Team wants you!

As part of its commitment to the community, the Center has developed an HIV education and intervention outreach program designed to increase the level of awareness in gay and bisexual men. Lambda is looking for male volunteers who will discuss HIV issues and Safer Sex information with their peers a couple of hours a week as part of an outreach team.

Please contact Franklin, Craig, or John at the Center, 442-0185 for information about the next volunteer training.

P A A R C

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